

Application of: Kuijpers et al.

Serial No.: 10/079,931 Confirmation No.: 7525 Filed: February 19, 2002

For: TREATMENT OF OCULAR DISORDERS

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Attorney Docket No. 294-70 CON

I hereby certify this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450

on December 28, Signature:	2005	11 0	-1
Signature:	Cana	4,18	yan_
0			H

Sir:

Transmitted herewith is an Amendment in the above-identified application.

_	nall entity status of this application under 37 C.F.R tement previously submitted.	. 1.9 and 1.27 has bee	en established by a verified
---	--	------------------------	------------------------------

A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 11	MINUS	** 20	=
INDEP.	* 4	MINUS	*** 4	= 0

SMALL ENTITY		
RATE	ADDL. FEE	OR
x 25=	\$	
x 100=	\$0.00	OR
x 180=	\$	
TOTAL	\$000	

OTHER THAN A SMALL ENTITY			
RATE	ADDL. FEE		
x 50=	\$		
x 200=	\$		
x 360=	\$		
TOTAL	\$ 0.00		
	SMALL RATE x 50= x 200= x 360=		

☐] FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

Please charge my Deposit Account No. 08-2461 in the amount of \$	A duplicate copy of this
sheet is attached.	

A check in the amount of \$0 is attached.

The Commissioner is hereby authorized to charge any fees or additional fees associated with this \bowtie communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.

Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims. \bowtie

Any patent application processing fees under 37 C.F.R. 1.17. \boxtimes

HOFFMANN & BARON, LLP 6900 Jericho Turnpike Syosset, NY 11791 (516) 822-3550 202781_1

Respectfully submitted,

Susan A. Sipos

Registration No. 43,128



Applicant(s): Kuijpers, et al.

Examiner: Nolan, P.

Serial No.: 10/079,931

Group Art Unit: 1644

Filed: February 19, 2002

Docket: 294-70 CON

•

Dated: December 28, 2005

For: TREATMENT OF OCULAR DISORDERS

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

I hereby certify this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia

22313-1450 on December 28, 2005 Signed: Carlo H. Bryx

AMENDMENT

Sir:

In the response to the Office Action issued July 28, 2005, Applicants are filing the instant amendment.

Amendments to the Specification: None.

Amendments to the Claims: None.

Amendment to the Drawings: None.

Remarks/Comments: Begin on page 4.